
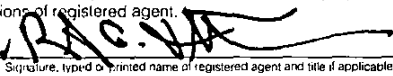
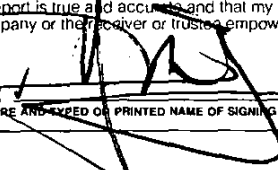


**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90098 001 \*\*\*100.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000044211</b>					
1. Entity Name <b>ZACK MOTORS, LLC</b>					
Principal Place of Business <b>C/O CRAIG ZINN AUTOMOTIVE GROUP 2300 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021</b>			Mailing Address <b>C/O CRAIG ZINN AUTOMOTIVE GROUP 2300 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>55-0877703</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE 28TH FLOOR MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent	
				Name <b>Robert G. Altomare</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>c/o Craig Zinn Automotive Group</b>	
				<b>2300 North State Road 7</b>	
				City <b>Hollywood,</b>	FL Zip Code <b>33021</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date <b>1/17/2005</b> Daytime Phone # <b>954 967 4109</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					